

**INTERPERSONAL
RELATIONSHIPS IN
REHABILITATION
COUNSELING:
A LITERATURE REVIEW**

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UTAH STUDIES IN VOCATIONAL REHABILITATION

INTERPERSONAL RELATIONSHIPS IN
REHABILITATION COUNSELING:
A LITERATURE REVIEW

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REGIONAL REHABILITATION RESEARCH INSTITUTE

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PREFACE

In the latter half of 1963 the Graduate School of Social Work and the Department of Educational Psychology, both of the University of Utah, submitted a proposal to the Vocational Rehabilitation Administration (now part of the Social and Rehabilitation Service), Department of Health, Education, and Welfare, for the purpose of establishing a Regional Rehabilitation Research Institute. The proposed institute was to serve the states in Region VIII; specifically, Colorado, Idaho, Montana, Utah, and Wyoming; and was to be located in Salt Lake City on the campus of the University of Utah. The institute became operational on January 1, 1964, with a staff consisting of a director, a research director, a research associate, a full-time secretary, and a part-time secretary. Members of the University of Utah Faculty, interested in rehabilitation, are consultants to the Institute. During the summer quarter the administrative director of the Institute and three graduate students are employed full-time in order to expedite the core research project and other work of the Institute.

This is the second bulletin published by the Regional Rehabilitation Research Institute at the University of Utah in a series dealing with its core research on interpersonal relationships in a rural setting. The first bulletin entitled "Interpersonal Relationships: A Review" dealt with a review of the general literature on interpersonal relations. This present bulletin contains a selected review of the literature on interpersonal relationships as it pertains to counseling and rehabilitation counseling. Because it is a selected review of literature, many topics such as the impact of disability, dependency, and motivation are only referred to in passing. There are excellent books and other monographs published on these subjects. For instance, the Regional Rehabilitation Research Institute at the University of Florida has published a monograph on motivation and the Regional Rehabilitation Research Institute at Northeastern University has published a monograph on dependency. The social-psychological model for interpersonal relationships constructed by J. E. McGrath (1963) was used as a frame of reference for this bulletin as it was for Bulletin No. 1.

The Purpose of the Institute

The basic purpose of the Regional Rehabilitation Research Institute at the University of Utah is to conduct research which will add to the knowledge of rehabilitation in a specific rural region, Region VIII. It is

hoped that this research might have more general application to other parts of the nation.

Aims of the Institute

There are three general aims of the Utah Regional Rehabilitation Research Institute. The first of these is to conduct a core research program in interpersonal relationships in the rehabilitation process in a rural area which might ultimately improve rehabilitation counseling practices.

A second general aim of the Institute is to provide research consulting services to the state rehabilitation agencies in Region VIII in order to: (a) assist the Region VIII Office in identifying and coordinating research needs in the five states; (b) assist the state directors in identifying research needs of their respective agencies; (c) contribute toward the maximum utilization of research design and techniques in the investigation of agency problems; and (d) provide in Region VIII a pool of research experts who are readily available for consultation on research planning.

The third aim is to engage in operational research when requested by the Region VIII Office after clearance with the Central Office in Washington.

Core Research: Interpersonal Relationships in a Rural Region

It is the belief of the Institute staff that one of the most significant variables in successful rehabilitation is the character and quality of the interpersonal relationships between and among the participants in the rehabilitation process.

The variable of interpersonal relationships has a number of aspects. Among those which can be readily labeled are the relationships between the client and his counselor, the client and his family, and the client and his community. An additional set includes the relationship between the counselor and the client's family as well as that between the counselor and the client's community. These several aspects may be studied in successive phases of the core research program. The first phase is devoted to the study of interaction patterns which develop between the client and his counselor. These patterns will be related to rehabilitation outcomes.

Experimentation is in progress validating instruments and investigating relationships between the vocational counselor and his clients in Utah. Plans are in process to study the interpersonal relationships between

the itinerant counselor and his client, and the client's family in the other states in the region with particular emphasis on the rural client.

It is hoped to achieve through these investigations the formulation of a sound philosophy and a set of principles which can serve as a guide in the development of policy and practice in effective interpersonal relationships in rural rehabilitation.

One of the first tasks of the Institute staff was to review the literature pertinent to interpersonal relations so as to provide a foundation and framework which would lead to a better understanding of interpersonal relationships in the rehabilitation process. Another bulletin will attempt to summarize and synthesize the findings of the first two bulletins and generate testable hypotheses for future research. There will also be other bulletins dealing with the validation of instruments used in examining interpersonal relations and core research findings.

Acknowledgments

Acknowledgment is made to the Vocational Rehabilitation Administration, now part of the Social and Rehabilitation Service, of the Department of Health, Education, and Welfare for their assistance both financial and critical in the publication of the bulletin. Special thanks are expressed to Dr. Reed Merrill, Chairman of the Department of Educational Psychology and Dr. Rex Skidmore, Dean of the Graduate School of Social Work for their administrative assistance to the Institute and also for their constructive suggestions. In this regard, thanks are also extended to Dr. Frank Magleby, Mr. William Farley, and Mr. William Clayton, consultants to the Institute for their critical reading of this review.

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I

INTRODUCTION

With the increase in numbers of disabled people and the concentrated effort of our society to help them, the role of the rehabilitation counselor has taken on new meanings and tremendous challenges. Caseloads in many vocational rehabilitation agencies have increased and/or have become more complex since such agencies are now serving more severely disabled clients. In part, this has been brought about because other governmental agencies have established programs which now serve those former rehabilitation clients who have minimal disabilities. With the change in caseloads, the responsibility has been placed upon agency directors and counselors to re-examine their roles as facilitators and coordinators of the vocational development for the handicapped. The rehabilitation counselor has a tremendous challenge to make every contact with his client a counseling contact and as productive as is possible.

Hamilton (1960) stated that "Counseling in some form, however rudimentary, is apparent in the interaction between people" (Hamilton, 1960, p. 4). However, the inverse may be true; it is possible that counseling is an outgrowth of effective interaction between people. It follows that a "good" counseling contact may have some of the same elements as any good interpersonal relationship. Therefore, it would appear useful to specify the elements common to both situations in order to elucidate what is considered as productive counseling.

The basic unit of the counseling relationship consists of the dyadic interaction between two people — the counselor and his client. Presumably the counselor helps his client to adjust to his world. However, this does not obviate the possibility that the direction of helping may be reversed at times. Thus, a counselor is in the position of learning from his client as his client learns from him. Besides the individuals involved in the dyad there are also reality factors which tend to limit and determine what each

of these people will do in any given interpersonal contact. These intrinsic or reality factors affect both the attitudes and feelings as well as behavior of the rehabilitation counselor and his client. Such things as the prescribed role of the counselor, his status in the agency, his education, training, experience, professional responsibilities, status in the community, and geographic location are all factors or variables of which the rehabilitation counselor must be cognizant.

The rehabilitation client also perceives and must deal with many of these same extrinsic factors. For example, he is a disabled person who may or may not be in a dependent position where he is supported by his family, church, or a public assistance program. Further, he may or may not be accepted by his family and community. Besides these factors, the client comes from a certain socio-economic class, and he may live in either a remote rural area or in a highly industrialized urban center. These are some of the reality factors which affect the client and his adjustment.

Of next importance, in addition to the above mentioned factors, are the feelings that the rehabilitation counselor and client have concerning themselves and the rehabilitation process. These feelings are phenomenological or intrinsic and affect the total configuration of the dyad. One of the most important of these intrinsic factors is how the counselor feels about himself. For instance, does he have enough self-esteem to allow him to be a warm and empathic person in his contacts with others? Can and does he accept the deviations in himself, which may allow him to accept the deviations in others? What are his values, and is he aware of how his values affect his relationships with a client in a counseling contact? What is his concept of other people in general? Does he devalue people from the lower social classes? Does he devalue disabled people as a group? Does he believe that people should be told what to do or does he believe they should make their own decisions? Above all, how do the reality factors mentioned previously relate to these phenomenological factors and what impact do they have on the counselor in the counseling process?

These phenomenological or intrinsic factors have similar importance in determining the clients ability to profit from rehabilitation services. The client may have low self-esteem based upon years of growing up in a milieu where he has been rewarded for socially unacceptable behavior. Besides this, he may not accept himself and therefore possibly not be capable of accepting others. He may not accept his disability as a disabling condition, but rather may feel it is a handicap to himself in any living situation. His values may be those of the lower social class which may

preclude his accepting constructive employment as a goal toward which he should strive. Rather, his efforts may be concentrated on the protection of his fixed welfare grant or unemployment income. These phenomenological or attitudinal factors probably both affect and are affected by the reality factors in his situation. For example, the client's concept of others may include a negative attitude toward authority figures (i.e., the rehabilitation counselor) because of his experiences with various authority figures in the past. Parenthetically, these client factors demonstrate the necessity of the counselor being a skilled person in human relationships.

The need for counselor ability in interpersonal relationships is further illustrated by the research of Dishart and Epstein (1964). They found that interpersonal ability was ranked the fourth most influential factor in the selection of rehabilitation counselors by state vocational rehabilitation agencies. Counselor supervisors ranked interpersonal ability as the third most influential factor for determining promotion of rehabilitation counselors in state vocational rehabilitation agencies. The first and second most influential factors for determining promotions were efficiency and leadership, respectively. The factors of efficiency and leadership are probably correlated with an individual's ability to effectively interact with and relate to other people.

A later investigation of state rehabilitation agency practices by Muthard and Miller (1966) revealed that out of 28 evaluative criteria for counselors in state agencies, at least 18 reflected, either directly or indirectly, the counselor's ability to deal in interpersonal relationships. Muthard and Miller found that for the three major evaluative categories, personal traits, performance, and ability-knowledge, the most common measure of proficiency by state agencies was supervisor impressions. The method of evaluation tends to verify the importance of interpersonal relationships.

In summary, the important point is that the counselor and client both bring tremendously divergent monadic make-ups or life spaces into the counseling situation. When these two people having divergent life spaces interact, they tend to alter each other's perceptions and behavior through communication, both verbal and nonverbal. It is at this point that the importance of interpersonal relationships in the dyadic interaction comes to the fore. The text of this review will consider the counselor and client as monadic participants in the rehabilitation process as well as the dynamic interaction between them, all of which influence the outcome of rehabilitation services.

II

THE COUNSELOR AS ONE OF THE PARTICIPANTS IN THE REHABILITATION PROCESS

Many different stimulus variables impinge upon the rehabilitation counselor at any given time. These stimuli tend to determine some aspects of the counselor's performance. The counselor is both limited and enhanced in his position by the role definition which he, his agency, and his training thrust upon him. His interests, needs, and personality in general also tend to delimit and enhance his performance in the dyad. Possibly as important as all of the foregoing is the manner in which the counselor has organized his attitudes into a value system by which he measures and evaluates people and things around him. His cultural milieu probably affects this development to a great degree. These monadic variables will be considered in the subsequent pages.

The Role of the Vocational Rehabilitation Counselor

If vocational rehabilitation is a dynamic process, then one is tacitly asserting that the role the counselor takes has important consequences for that process. There are three common views delineating the role of the rehabilitation counselor. The first view is that the rehabilitation counselor functions in the role of a coordinator of services (Sachs, 1962). From this point of view, the counselor's importance resides in his ability to insure that the essential services, such as, facilities, training possibilities, and placement opportunities are all at the client's disposal.

A second conception of role definition is one in which the counselor is a guidance person or teacher who leads the client through a series of learning and growth processes which will hopefully result in economic

independence with concomitant improved self-satisfaction.

The third possible role of the rehabilitation counselor is that of a psychological counselor; that is, the counselor is not as concerned with the coordination of activities as he is with the social-psychological functioning of the client. This last role definition is more strenuous and dynamic and requires that the counselor be skilled in the techniques of interpersonal relationships. Patterson (1966) feels that this should be the role of the rehabilitation counselor. He sees the counselor whose role is defined in this way as a coordinator of specialists and technicians who work with defined phases of the rehabilitation process. This relieves the counselor of important but nonpsychological duties, thus allowing him to concentrate on giving professional counseling services. Patterson feels that more clients can be served in the situation that employs a coordinator of case activities, an intake person, and other ancillary personnel. In this way the process of vocational rehabilitation might possibly be more efficacious and consequently more satisfying than was previously possible.

In most vocational rehabilitation agencies, the reality of the situation is that there are various policies that dictate what the counselor should and must do. Within the typical structure the counselor is burdened by large caseloads and pressures for production in terms of successful rehabilitation case closures. This imposes serious restrictions upon the counselor's capabilities. Besides this, there are cultural barriers which may militate against counselors' success in placing the handicapped. All of these pressures partially determine how the counselor personally defines his role. This makes it difficult for him to be a psychological counselor as Patterson defines the role although this may be a possibility for the future.

Krause (1965) feels that the rehabilitation counselor is in what he calls a situation of structured strain because of the counselor's marginal professional role. The frustration engendered in this kind of situation is referred to in the work of Muthard and Jaques (1961). They surveyed the opinions of 336 rehabilitation counselors on what they believed were the major barriers to vocational rehabilitation. One of their findings was that counselors felt that agency policies, procedures, and practices were the greatest obstacles to effective work with clients. Apparently the role of the rehabilitation counselor requires re-examination. Patterson's suggestions would merit consideration should this re-examination eventually occur.

In summary, it can be stated that the counselor in a rehabilitation setting may have to be both a coordinator of activities and a psychological counselor. This puts him in an ambiguous situation which leads to role

frustration and strain. It may be that a counselor needs to resolve this role-strain in his own unique situation by redefining his role to meet the realities of his situation and professional responsibilities (Astor, 1965). It may also require that rehabilitation counselor trainers re-examine what they are training the counselor to do in reference to whether their curriculum content is analogous to the role he will later perform.

Interests and Training of the Vocational Rehabilitation Counselor

The question arises as to why a person chooses to take employment in the helping professions and especially why does a person choose to become a vocational rehabilitation counselor. In an attempt to answer the first of these questions, Roe and Siegelman (1964) studied college seniors using the hypothesis that choice of occupation is affected by childhood experiences. To represent extremes in person-thing orientation, they chose social work and engineering students as their occupational groups. They concluded that the:

. . . farther from the cultural sex stereotype the occupational choice is, the more likely it is that there have been particular pressures in the early histories which have influenced such a choice. The male social workers and the female engineers had more specific and extensive early background pressures than the female social workers and the male engineers. Thus, the occupation itself seems to offer a replacement for earlier wants: love and understanding in the case of men social workers, a lost father in the case of female engineers (Roe & Siegelman, 1964, p. 66).

An obvious conclusion is that people tend to choose occupations which satisfy interpersonal needs.

Eddy (1960) empirically keyed the Strong Vocational Interest Blank and found that he could differentiate between the interest patterns of rehabilitation counselors in practice and those of other professional groups as well as those of men in general.

Patterson (1962) studied students who were enrolled in rehabilitation counseling programs in twenty colleges and universities who had been given the Miller Analogy Test, Edwards Personal Preference Schedule, Minnesota Multiphasic Personality Inventory, Strong Vocational Interest Blank, and Kerr-Speroff Empathy Test. From his analysis of the data, he concluded that rehabilitation training institution instructors were selecting students who gave evidence of characteristics generally considered desirable in counselors. The students' primary patterns of interest were in the helping professions; personnel administration was important but an area of less concern. The rehabilitation counseling students seemed to have above average empathy for, interest in, and understanding of people. In fact, they seemed to be self confident without undue guilt feelings, were

willing to listen to others, and to accept their suggestions. From these studies, it appears that counselors tend to have an interest pattern which might be helpful to supervisors of training programs in their selection of students.

The characteristics that Patterson delineated are similar to those that most theorists have stressed as being important in the counselor's armamentarium. Truax and Carkhuff (1964) at the Arkansas Rehabilitation Research and Training Center have postulated that a counselor must be able to understand sensitively and accurately the client's "inner-world" and respond to him in a way that communicates this understanding. He also must be able to communicate a nonpossessive warmth, caring, valuing or acceptance of the client as he is. And finally, the counselor must communicate his own genuineness or authenticity, congruence, nondefensiveness, and maturity to the client. Truax and Carkhuff (1964) feel that to be therapeutic in communication a counselor must be specific, concrete, and unambiguous as a stimulus object. It might be concluded that counselors should be people-oriented rather than thing-oriented and perceive people as being capable, dependable, and friendly rather than incapable, unreliable, and hostile.

After reading theoretical and clinical writings of a number of fairly well-known clinicians and then listening to live psychotherapy sessions between these clinicians and their parents, Truax and Carkhuff (1964) were astonished by the inconsistencies between counselor practice and their guiding principles. They observed that a given counselor who was perceived by his co-workers to be very warm, friendly, supportive and understanding, sometimes received surprisingly low ratings on scales of warmth and accurate empathy when an objective evaluation was made of his tape recorded sessions with clients. By contrast, some counselors who talked harshly using a mechanistic learning theory language came out quite high on objective ratings of interactions with patients on the same measures of warmth and accurate empathy. They concluded that some counselors talk about warmth and understanding but seem to be aloof and detached, while others talk mechanistically and coldly but are very warm, personal and understanding in their interactions with clients.

Truax, Carkhuff, and Douds (1964) stated that counselor training is a learning process based upon a therapeutic relationship between student and instructor which leads to self-exploration. The authors maintain that it seems necessary that rehabilitation training programs should include a didactic counseling experience with an emphasis on self-exploration of the

student. This self-exploration should permit the prospective counselor to be aware of his impact on dyadic relationships.

One possible way of implementing such a program of self-exploration is through the use of video tapes. In fact, Walz and Johnston (1963) studied the changes in self-perception of counselor trainees as a result of viewing their video taped interviews with clients. When the students used video tapes, they became less positive in the description of themselves, more confident in their interviewing skills, and more aware of their personal qualities. In addition, the students increased their desire for self-exploration.

A question that arises is how much training is required in order to enable a counselor to develop the qualities of empathy, sincerity, genuineness, concreteness, and unconditional positive regard that have been emphasized by counseling theorists. Carkhuff and Truax (1965) trained lay hospital personnel using a didactic training method which emphasized the shaping of therapists' behavior. This was accomplished by using an experiential approach which focused upon therapist development and "growth" rather than stressing any theoretical orientation. Their training emphasis was based upon their research scales used in assessing process variables which had previously been predictive of positive patient outcome. By the end of three months they observed significant improvement in the ward behavior of the group treated by their trained aides when compared with a control group seen by untrained aides. They concluded "... that even lay persons can be taught to provide moderately high levels of these conditions during a four-month training program, and that such lay therapists have significant positive effects on behavioral and personality functioning of chronic hospitalized patients" (Truax, 1966, p. 161).

Parenthetically, it is interesting to note that in Australia, marriage counseling services are mainly staffed by nonprofessional counselors who are carefully selected and trained and have a healthy motivation for work. Harvey (1964) concluded that the supervised use of this source of suitable manpower enables a wider use to be made of the limited number of professionally educated persons in the community. He suggested that psychologists should take the leadership roles within this movement. A like conclusion might be made for rehabilitation counselors. Perhaps rehabilitation counselors could take a similar approach using case aides.

The rehabilitation counselor should have positive interests in helping people to achieve their ultimate worth and effectiveness. He should be able to unambiguously communicate his own genuineness or authenticity,

warmth, congruence, nondefensiveness and maturity to the client. It has been demonstrated that it is possible to train counselors to accomplish these aims by a didactic counseling method where techniques rather than theory are stressed. Video tapes have been used for this purpose in other settings and they might possibly be used in rehabilitation counselor training programs. The time period necessary to train counselors to exhibit positive therapeutic characteristics may be shorter than has been assumed previously.

Counselor Personality and Needs

Combs and Soper (1963) attempted to determine whether good counselors could be distinguished from poor ones on the basis of their characteristic ways of perceiving self, others, and the task of counseling. They had faculty members rank twenty-nine counselor trainees at the end of a year-long training institute. The rank orders were correlated with trainees' characteristic ways of perceiving scores. These scores were obtained from judges' blind analysis of four "human relations incidents" written by each counselor trainee in a personality theory course. Statistically significant correlations were obtained for all twelve aspects of perceptual organization studied which would seem to indicate that clear distinctions can be found between "good" and "poor" counselors in terms of perceptual organization.

Kates and Jordan (1955) studied the self-descriptions and the social stimulus self-descriptions defined as the perceptions of a student's peers toward himself or fourteen clinical psychology graduate students. The authors found that the personality characteristics, which were significantly and positively related to the psychotherapeutic promise, included likability, empathy, and maturity. Lack of self-confidence was negatively related to high rankings of psychotherapeutic promise.

In a study of selective perception on clinical judgment, Weingarten (1949) found that the personal problems of a therapist are apparently related to the manner in which he evaluates his client's problems. Thus, the therapist himself is sensitive to certain kinds of gestures and blind to others depending upon his psychological set. A person who is hostile and who lacks insight is apt to misperceive the communications, attitudes, and feelings of hostility (Murstein, 1958). In this same connection Russell and Snyder (1963), in a simulated counseling experience, found that hostile client behavior led to significantly greater counselor anxiety than friendly client behavior.

Although they considered their findings only preliminary and subject to replication, McNeil and Cohler (1957) in their study of the effect of personal needs on counselor perception and behavior found that counselors who were "under-reporters" of aggressive themes on Thematic Apperception Test cards were the most successful in handling hostile interpersonal relationships with disturbed boys. It might be concluded that the personality structure and needs of the counselor have an effect on the counseling situation and the counselor-client dyad. Thus the counselor's own personality dynamics, needs, and self-evaluation tend to affect the counseling process.

The Counselor's Values and Encapsulation

Williamson (1962) stated that counselors are in the "influence business" which makes it necessary that they struggle with the ethical problems that such a position engenders. Therefore, it is imperative that counselors search for models of character development, both for themselves and for their counselees. The caveat arising from such a thesis is that the counselor must be constantly aware of his own attitudes and values if he is going to influence the value of others. As support for Williamson's position, Landfield and Nawis (1964) found that improvement in psychotherapy is accompanied by a shift in the client's present self conception toward the ideal self conception of the therapist. A similar finding was that of Ortmeyer, Welkowitz, and Cohen (1966) in which they discovered that those patients rated as "most improved" by their therapists were closer to their therapists' values than were the patients rated as "least improved." They concluded that the values of each member of the dyad converge in on-going counselor-client relationships.

Since values are important, possibly the most important values that a rehabilitation counselor should examine are those toward the client's disability and his socio-economic class. Kumar and Pepinsky (1965) studied the effect of counselor expectancies on his therapeutic evaluations. They found the set that a counselor has toward a client determines in part what he will do with and for the client. This is an especially important finding for rehabilitation where counselors usually come from the middle-class and consequently are imbued with middle-class value orientation toward their clients. More than likely these clients possess values which are at variance with those of the counselor. Kumar and Pepinsky's findings are corroborating evidence for those of Goldstein (1962) who, in an earlier study, found that in general the therapist's expectation that the patient

would improve was a more potent influence on psychotherapeutic change than was the client's expectation that he would change.

Kagan (1964) postulated three dimensions of counselor encapsulation which may be defined as the tendency for the counselor to isolate himself within his own subculture. The first dimension was the tendency for counselors to stereotype members of a subculture and evaluate them in terms of the modal characteristics of that subculture. In other words, any welfare client is assumed to possess qualities representative of all other welfare clients whom the counselor knows. The second dimension of encapsulation is focused on the inadequacies of counselor training programs. Kagan questions the implied assumption that classroom sessions and field experiences will alter deep-rooted attitudes, prejudices, and beliefs of students. The third dimension of encapsulation is the definitions of the counselor role which foster rigidity of counselor performance. Kagan feels that these role definitions are based upon and solidified by current counselor tactics and techniques. If the counselor is to escape this dimension of encapsulation, he should not necessarily allow these current practices to determine his future values and goals.

A further illustration of the counselor's isolation within his own value system is pointed out by Olshansky and Unterberger (1965). They argue that the counselor often makes assumptions regarding the employer's prejudices towards the employment of former mental patients which are not fully supported by the facts. They urge that counselors be coerced into actually dealing with "unemployable" former mental patients in order to change their own as well as employer's attitudes. This is a further illustration that the counselor's prior set towards clients or disability groups tends to determine how he will work with them.

Schwebel (1964) feels that counselor encapsulation partially stems from the ideology of counseling over the past years. This ideology is based upon the fact that man came to be thought of as a static being, his potential largely predetermined and his capacities relatively fixed. This thinking is voiced even more strongly in an article by Wrenn (1962) where he asserts that counselors, like the rest of mankind, protect themselves against the disturbing reality of change by isolating themselves within their own subculture. This isolation is partly based upon the counselor's pretense that the present is enduring and that the status quo is desirable. He suggests that in attempting to work from the counselor's own present to the client's present and future, it is necessary for the counselor to examine his personal

patterns of pretended reality. One of these pretended realities may be the belief that there can be no changes in "truth."

In summary, investigators have demonstrated that the counselor's attitudes and values affect not only client progress in counseling but also tend to alter the client's value system in the direction of the counselor's values. The issue of counselor attitudes is so crucial that the counselor's expectancy tends to partly determine what he will subsequently do for the client. This is a sobering thought because counseling theorists contend that each client should be treated and valued equally. However, the enigma that people are not equal puts the counselor in a double-bind. The counselor defends against this disturbing reality by isolating himself within his own subculture. It has also been postulated that counselor encapsulation partially stems from the ideology and role definitions of counseling that have developed over the years, from the fear of change, and from the development of unwarranted counselor assumptions and stereotypes about clients. It might be concluded that the counselor can and must resist encapsulation within a rigid subculture value system, consequently allowing him to perceive the client as a worthy dyadic partner. Possible solutions to this question will be reviewed in the chapter on the dynamics of counselor-client interpersonal relationships.

III

THE CLIENT AS A PARTICIPANT IN THE REHABILITATION COUNSELING PROCESS

Each client entering the rehabilitation process comes with a unique self concept and value system based upon prior social, emotional, and cognitive learnings. These learnings are predicated upon such reality factors as the client's disability, age, prior educational attainment, economic position, family interrelationships, and his ecological and cultural background. The client's self esteem and values not only have an important effect on the rehabilitation counseling process and outcome, they also mediate the client's perceptions of the reality factors impinging upon him. Thus the rehabilitation counselor must realize that the meaning of a disability to one person is not the same experience to another person even though the medical diagnosis may be identical.

Socio-Cultural Factors

In a comprehensive experiment to rehabilitate a representative sample of a metropolitan area population, Peterson (1958) concluded that the most basic problem for the rehabilitation counselor is the social class of the client. He stated that chronic disabilities are more prevalent in the lower socio-economic groups, and that members of these groups develop cultural attitudes which are at variance with those of the middle class. This heterogeneous group contains people from all walks of life who come from many different countries with diverse customs and language backgrounds. This, in and of itself, is a problem.

A more basic problem might be that the lower socio-economic group contains the "professional client" who expertly plays what Peterson calls a "confidence game." That is, the client has learned to act in such a way as to please the counselor. He has developed the patience to tolerate casework

interviews and in turn say the right things during these interviews. This is the type of client who is usually judged to be motivated by naive counselors. The "nonprofessional client" who has a great deal of difficulty in relating to the counselor is also in the lower socio-economic class. He views helping agencies with a great deal of suspicion and does not have the glib manner of speaking that pleases middle class counselors. His hopeless attitude toward rehabilitation is based upon the generalized despair of the lower class which undoubtedly affects the self perceptions of the client.

In a study of self-social concepts of groups of Negro and white children of the same age in the same community, Long and Henderson (1966) found that Negro children exhibited lower self-esteem and represented the self less realistically as to color. The importance of these findings is that the self-reinforcement system of the client is affected by cultural factors.

One practical solution to the socio-cultural divergence between counselors and clients is found in Calia's (1966) reformulation of the counselor's role with culturally deprived clients. He felt that the counselor should utilize natural therapeutic conditions in home, school, work, and play situations. The counselor should not expect the culturally deprived client to enter into a dyadic encounter which demands verbal skills, an assumed similarity of personalities, and self referral on the part of the client. He cited the danger of idealizing the counselor's middle-class values and suggested that values should transcend cultural stereotypes and possess potential for improving the plight of the poor.

Family

Strong family ties and solidarity are conducive to effective rehabilitation of the handicapped according to McPhee, Griffiths, and Magleby (1963). From their follow-up study of rehabilitants and nonrehabilitants three to ten years after case closure, they concluded that emotional support by, and positive feelings of, family members for the client were very helpful in both the rehabilitation process and the maintenance of employment after case closure.

The client's ability to profit from counseling and rehabilitation services is also affected by his role within his own family. Olshansky and Margolin (1963) feel that it is not only foolhardy but a denial of the reality of the situation to consider that the client's recalcitrance is a psychological problem inherent within him. They feel that it is probably an outcome of many changing relationships within his own family, and further the

counselor must know the client's position and relationships within his family in order to effectively manage the rehabilitation process.

Labor Market

Another reality factor affecting the counseling relationship, the vocational rehabilitation process, and specifically the client is the labor market and opportunities for employment. In times of full employment, many of the marginally adjusted disabled people can obtain employment without vocational rehabilitation assistance. However, when employment becomes tight and the job market shrinks, the disabled client must develop his potential skills in order to rise above his precarious marginal position in the labor market. A major paradox in this regard is the possibility that our society may not need all of the manpower that is salvageable through rehabilitation (Olshansky & Margolin, 1963).

Financial Assistance

Many disabled workers are receiving workmen's compensation in amounts greater than the promised reward from rehabilitation. The reality of the situation is that the disabled worker under such circumstances does not seek rehabilitation but, instead, seeks to maintain his stable income. Likewise, some rehabilitation clients who are receiving public assistance are often dubious about their capacity to survive in a competitive labor market. Olshansky and Margolin (1963) concluded that clients who are receiving public assistance or workmen's compensation are not likely to seek or accept vocational rehabilitation services unless they can be persuaded that they will substantially gain from so doing.

Client Disability and Handicap

The type and extent of disability that a rehabilitation client may have tends to determine many aspects of interpersonal relationships and the vocational rehabilitation counseling process.

McPhee, Griffiths, and Magleby (1963) compared mentally and physically disabled clients and concluded that the mentally disabled client has greater difficulty in fostering healthy interpersonal relationships with both his family and community. They felt that rehabilitation of these clients requires more time, skill, money, and counseling services than is required for other clients.

Magleby and McPhee (1963) concluded from their study of adjustments of clients to disability that larger percentages of those with permanent

and stable disabilities had more satisfactory work adjustments than did those clients with progressive disabilities. In this study, the client's health was the main stated factor for unemployment. They found that clients with progressive disabilities tended to have longer periods of unemployment and probably needed additional rehabilitation services. Consequently, the type of disabling condition and whether it is permanent or progressive has an important bearing upon the client's ability to profit from a counseling relationship in the rehabilitation process. It was concluded that there is a greater need for reevaluation of vocational adjustments of clients successfully closed who have progressive disabilities. This reevaluation may not be as necessary for clients who have permanent disabilities.

An even more important consideration may be that the disability *per se* is not the primary problem of the client. It has been demonstrated many times, according to Obermann (1960), that it is possible to train a disabled person to the point where he is able to compete in the job market. However, the primary problem arises when a disabled person so qualified cannot find work merely because he has a physical impairment. It is at this point that the client's disability becomes a handicap, and yet his handicap has relatively little direct relationship to the intrinsic effects of his disability. The reason that he is now handicapped is because people around him have negative attitudes and have made assumptions about disability which cause them to reject the rehabilitated client as a person capable of productive employment. If people are reacting negatively toward a person because he has a disability, Dishart (1964) feels that it is the disabled person's responsibility to accept such attitudes and feelings of people, especially those of his family, in order to allay their fears and anxieties concerning disability. To do this, the client must communicate his acceptance of their fearful attitudes and associated rejection. This positive acceptance may minimize their anxiety and free them to be able to accept him as a person of worth.

Obermann (1960) concluded that the handicap of an individual is a socially based phenomenon. This is congruent with Hamilton's (1950) proposed distinction between the terms disability and handicap. He stated that ". . . a disability is a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician. . . . A handicap is a cumulative result of the obstacles which disability interposes between the individual and his maximum functional level" (Hamilton, 1950, p. 17). This clarifies disability as being a medical condition whereas handicap refers to a psychological condition based upon the

previous social learnings of the client. In such a formulation a physical attribute becomes a physical handicap when it is perceived by the client as a significant barrier to the accomplishment of his goals.

In a similar manner job unreadiness occurs when the rehabilitation client distorts the limitations of his disability to the point that he feels he can do no productive work (Jacobs, 1959). Thus the condition of job unreadiness may occur when the client uses his disability to protect his dependent position. Turner (1964) questioned whether the client who is protecting such a dependent position really has goals which are different from those of the middle-class. He felt the difference between the two groups is in the means by which they obtain their goals. For example, he postulated that all people seek security. Middle class people seek security through such means as life insurance and savings while welfare recipients seek security by maintaining their source of income — the welfare grant. Jacobs' example stated above also helps to illustrate that handicap may be socially determined. Accordingly, attitudes and values may be more powerful determinants of rehabilitation than are client disabilities (Yuker, 1965).

Client Age and Education

It is a well documented fact that after the age of forty-five it is very difficult for a person to obtain employment. In fact, many companies will not accept applications beyond the age of thirty-five. McPhee, Griffiths, and Magleby (1963) followed up a random sample of rehabilitants and nonrehabilitants in the states of Utah, Wyoming, and Montana comparing fully employed rehabilitants with part-time and unemployed rehabilitants. Among their significant findings two have importance for the present discussion. First, significantly more of the successfully employed rehabilitants at follow-up were under thirty years of age when they applied for rehabilitation services; and second, significantly more fully employed former clients had achieved a high school education. Thus, age at application and success in educational endeavors are reality factors which affect the client's ability to profit from rehabilitation services. In fact, in their unpublished study of interpersonal relationships as factors in job placement, Jorgensen, Janzen, Samuelson, and McPhee (1967) found that the younger, better educated clients were rated as better closures by expert judges than were the older and more poorly educated clients.

In a paper on rehabilitation counseling on an itinerant basis in the state of Utah, Samuelson and McPhee (1966) found that rural clients defined as those clients who were seen by the counselor on an itinerant

basis were both younger and better educated than were those clients who had been seen by counselors in an urban area.

Client Self Concept

It is generally felt that a person's self perceptions will influence the way he perceives the world. Among other perceptions, a person learns to think of himself as either shy or outgoing, happy or depressed, loved or resented, or somewhere between. Consequently, these self perceptions influence the way he chooses his associates, his goals, and even the values by which he will guide his life. For the most part, these outside choices reinforce his self perceptions in a reciprocal manner. Personality theorists have used such terms as "I," "ego," and "self" to designate this organized set of perceptions. Based upon such perceptions and social learnings each person develops a self concept system which defines his own psychological identity. It is relevant to note here that the most important perceptions and learnings which affect this self concept system are those which have reference to other people.

Because the self concept system is an organized set of perceptions, sometimes it has been falsely assumed that it is completely integrated. McKenna, Hofstaetter, and O'Connor (1956) pointed out that the ideal self, which is part of the self concept system, is a complex entity that makes it possible for inconsistencies to exist within the system without causing undue tension. Thus it is possible for a person to be both pragmatic and empirically minded about some things and very idealistic about others without serious disequilibrium in his personality structure. For example, it is likely that the counselor will have clients who have goals, ideals, and values which are beyond their physical and mental capabilities, and yet these people may function in everyday life. Lewin (1936) described this phenomenon as a compartmentalization of a person's life-space.

If a person is to survive modern day life, he must find some stability in his existence and have some means of predicting others' behavior toward him. The self concept system provides the opportunity for such stability in that it will either distort reality or accept only those stimuli which give credence to a person's presumed self image and concept of the world. Therefore, any attempt to change the self concept system is difficult. This is one reason why counselors become frustrated in attempting to change attitudes and behaviors of clients. The very thing that the counselor is attempting to change, the self concept system, has considerable power molding any new experiences which impinge upon the client's life-space.

To demonstrate, if the counselor introduces new ideas and experiences about vocational rehabilitation which conflict with the client's existing set of self perceptions concerning his rehabilitation, the client's self concept system tends to distort these stimuli so that they do not conflict with the already established self structure.

Zelle (1959) stated that the strange shadow of the imaged self can often sweep away the best laid plans of the counselor because of unreasoning and illogical forces which are used by the client to satisfy his fundamental human needs. Zelle felt that every client who comes to the rehabilitation situation has the potential for unrealistic adaptation to the vocational rehabilitation process, because the person enters it with a definite psychological set or bias based upon previous learnings. For example, it is possible for a client who comes to the rehabilitation counselor with a low self esteem to have a psychological set which distorts his perceptions of the rehabilitation team's efforts in such a way as to make them negative rather than positive reinforcers. Hence, the client with low self esteem may initially perceive his counselor to be another dreaded authority figure capable of hurting him by manipulating his life. On the other hand, a client with a fairly high self esteem may distort his perception of the counselor to allow the counselor to be a positive reinforcer.

From the foregoing, it might be postulated that the self concept system is a strong determiner of what will happen in the rehabilitation counseling situation. The effect may be either positive or negative, depending upon the configuration of the many reality and self factors in a client's situation.

In summary, the implication of the reciprocal interaction between the reality factors and the self concept system is that the client can initially deny and distort reality (Bruner & Postman, 1949). Nevertheless, over a period of time the functioning client must eventually alter his perceptions and interpretation so that his life-space is more congruent with the real world.

Implicit in the preceding postulation is the assertion that the client alters his self concept system to coincide with the world of reality primarily through interaction with other people. The most significant people who influence a client are those members of his primary group — his peers, family, and colleagues. If the vocational rehabilitation counselor is to have any influence on the client he must also become one of these significant others in the client's life-space.

An obvious conclusion is that to alter a rehabilitation client's self concept system requires a great deal of personal communication under

selected conditions. It is just this aspect of the alteration of certain perceptions and feelings that is the core of the dynamic interplay between the counselor and client in the vocational rehabilitation process. This dynamic interplay will be reviewed in the subsequent chapters of this monograph.

IV

DYNAMICS OF THE CLIENT-COUNSELOR DYAD

The text of this monograph thus far has been concerned with a description of the client and his counselor as monads in the rehabilitation counseling situation. The literature reviewed was concerned with both reality and phenomenological factors which affect the client and counselor as individuals. When these two persons engage in the dynamic interplay of counseling, an additional set of variables is created, just by the nature of the situation, which in turn affects their response pattern to each other. In the first monograph of this R.R.R.I. series Rushlau and Jorgensen (1966) concluded that this fluid response pattern in an interpersonal encounter is not of a chance nature, and they adopted McGrath's (1963) schema to describe some of the dynamic variables and predicted possible variations in response to a given interpersonal event.

The McGrath model was based upon the assumption that there are three interrelated but distinct parameters — attraction, influence, and interaction — which subsume the dynamic variables that operate in any interpersonal situation. To illustrate this interrelationship among the parameters, interaction may be considered a necessary condition for enhancement of both influence and attraction. Conversely, the probability of interaction is the function of increasing attraction and perceived power relationships between individuals. Moreover, a person is more likely to be influenced by positively attractive co-communicators and to be attracted to those who have influence or relevant high status (McGrath, 1963).

Rehabilitation counseling is a dynamic process which is composed of a series of more or less well-defined phases rather than a series of techniques or isolated specific events. The aim of this process is the eventual optimal economic and humanitarian functioning of the disabled individual. It should be remembered that vocational rehabilitation as a continuous

process may extend beyond job placement. However, for the analytical purposes of this monograph, the counseling process will be arbitrarily divided into three parts identified as the initial phase, the maintenance phase, and outcomes of the client-counselor relationship focused upon the achievement of rehabilitation goals. The initial and maintenance phases of this tri-part schema will be discussed using the parameters of attraction, influence, and interaction.

Initial Phase

After studying the literature on the effect of attitudes on the parameter of attraction in interpersonal relationships, Rushlau and Jorgensen (1966) concluded that the client's perception of the counselor's attitudes as being similar to his own is an important basis for attraction in initial interviews. This attraction is based mainly upon the client's, rather than the counselor's, perception of a similarity of attitude towards important topics discussed by them in initial interviews. It is important to note that it is the client's perception of the similarity that is important and not the actual similarity. The authors also suggested that during the early stages of the relationship if the counselor is perceived as possessing appropriate and relevant status and power, the likelihood of attraction between the dyadic partners is enhanced. Further, the client's own propensity to interact and the counselor's availability for the interaction with the client also leads to attraction. Lastly, it is extremely important that the client perceives that his attraction to the counselor is reciprocated.

Attraction — The first important contact that a client has with the vocational rehabilitation agency may not be with his counselor but will probably be with the agency's receptionist. As Mullan (1963) pointed out in his work with alcoholic clients, competency in interpersonal relationships should not be restricted to professional staff. The tactless receptionist may unwittingly turn the confused and dejected rehabilitation client away from seeking help. Since all interpersonal relationships have an influence upon the client, a nonprofessional person trained to value clients as human beings worthy of dignity may greatly aid the agency's purpose in helping to enhance early positive counselor-client relationships. Thus, it may be postulated that the initial phase of rehabilitation is affected by agency policy and organizational structure and its subsequent effect on interpersonal relationships as much as by the client's physical disability.

In a study by Severinsen (1966), it was found that client dissatisfaction was related to dissimilarity between expected counselor behavior and

perceived counselor behavior, irrespective of the direction of the dissimilarity. This was determined by dividing the respondents into two groups. Before counseling was initiated, clients in both groups indicated their expectations concerning counseling. After the initial interview, subjects reported their perception of counselor behavior in regards to either leading or empathic counselor behavior. One experimental group rated the degree of leading that they expected and later perceived the counselors to take during the interviews. The second group rated the empathy that they expected and subsequently perceived in their counselors. The authors concluded that if a client expected one type and received a different type of treatment, it was extremely likely that the client would become dissatisfied. This is similar to the findings of King and Mateson (1959) who found that college students used a counseling center according to predetermined expectations. The students tended to use counselors to discuss either personal-social problems or educational-vocational problems but not both. A relevant conclusion might be that it is important for the counselor to listen to his client's communications in order to determine client expectations.

Another study emphasizing client set was done by Pratt and Cole (1965) who compared clients' perceptions of counselors against type and source of male and female referrals. They found that self-referred clients had significantly better perceptions of their counselors than did nonself-referred clients. The client's perception of the counselor was also related to his sex and source of referral.

In a study of the client's reactions to initial and later aspects of the counseling situation, Pahlman and Robinson (1960) found that the most displeasing behavior of the counselor was his lack of respect for the client as displayed by aloofness, insincerity, tardiness for interviews, and unwarranted interruptions. Further, the authors found that counselor attitudes were more annoying than were his mannerisms or unusual dress, although many clients, especially women, were annoyed when their counselors smoked or used profanity. This research supports general counseling theory that an attitude which conveys a respect for the individual should be the foremost consideration when working with clients, especially in initial contacts. Lofquist (1959) stated:

Before the vocational counseling process can begin to operate effectively there must be establishment of mutual *acceptance* and *understanding*. This is more than surface good feeling, and may be quite different from apparent rapport. It involves such things as *empathy*, a willingness to *allow individuals to differ*, a respect for *human dignity*, a focus on the *uniqueness* of the counselee, an expectation and

willingness for *participation* on the part of the counselee, an *absence of cynicism* on the part of the counselor, and a (based on fact) conviction by the counselor of his *competence as a professional person* (Lofquist, 1959, p. 8).

Respect for the client is one of the bases for optimal client functioning in the counseling relationship and as such is also a basis for attraction in the dyad. Rogers (1961) said:

The more the client perceives the therapist as real or genuine, as empathic, as having unconditional regard for him, the more the client will move away from a static, unfeeling, fixed impersonal type of functioning, and the more he will move toward a way of functioning which is marked by a fluid, changing, acceptant experiencing of differentiated personal feelings (Rogers, 1961, p. 40).

The importance of this thinking for the present monograph is that the client must perceive the counselor to be genuine, empathic, and as possessing a warm, unconditional acceptance of people in order to form and maintain a counseling relationship. In fact, Fenn (1954) compared experimental subjects who received empathic understanding from their counselors with those who were treated with a cognitive approach to their problems. He found that the subjects who received empathic understanding scored higher on most indices of adjustment and client movement in therapy.

A similar conclusion was made by Glasser (1965) when he asserted that every client wants and needs the approval and respect of his counselor and that, in a sense, everyone lives by the image of himself which he sees reflected in the perception of another. Also, the more important a counselor is to a client, the more he will want to be accepted by that counselor. When the counselor accepts and shows respect for the client, then the client is reinforced in his convictions about his self-worth. Perlman (1960) also suggested that if a counselor gives evidence that he respects the client, is sincerely interested in him, appreciates his difficulties, and affirms to the client that he has the full rights and responsibilities of a "first-class citizen," then this evidence reinforces the client's wish and efforts to be respectable and to operate as a "first-class citizen." Thus, it creates the expectation that the client will improve his functioning (Perlman, 1957).

A cautionary note is sounded in the findings of Grater (1958). He pointed out that if the client's primary purpose in counseling is to gain counselor approval or acceptance, then the interviews will probably be failures. This is probably the case even though important aspects of the client's problems may be discussed. The reason for the failure is because the needs being met are the counselor's and not the client's. Thus, a counselor must be cautious of whose needs are being met in a given coun-

seling situation, especially when the factor of attraction is taken into account in the establishment of rapport in initial interviews.

A factor which may affect the attraction between the counselor and the client is the social milieu or subculture of both the counselor and client since these are usually the bases of attitudes and prejudices. As was cited previously, Wrenn (1962) felt that the counselor tends to become encapsulated within his subculture. Since counselor practice is based upon education and personal experience, there is a danger that counselor experiences will be so narrow as to proscribe any basis for attraction of people outside of the realm of his immediate social class. For example, a client from a lower socio-economic strata may not be able to relate to a middle class counselor, and worse still, the counselor may not be able to develop the needed feeling of warmth toward the client so that counseling might be successful.

Wrenn's conclusion is substantiated by the research of Pfouts and Rader (1962) who studied the influence of interviewer characteristics on initial interviews. The authors concluded that their medical student interviewer's reactions to their patients was in part a reflection of their own cultural values. As the level of professional training and clinical experience increased, cultural values had less effect on interviews.

Simons (1965), in discussing mental health consultation, postulated that it is important for counter identification to occur between the value systems of consultants and consultees. He stated that this mutual identification is a prerequisite for the development of a consultative relationship. Of importance for the present monograph is that there may be communalities between this kind of a relationship and that of a counselor and his client. It is possible that some sort of mutual identification must develop between a counselor and his client in order for a therapeutic relationship to occur. The counselor's counter identification to his clients has been avoided by many therapists and counselors; nevertheless, it may be an important basis for attraction between clients and counselors.

Influence — From a review of the literature on interpersonal relationships reported in R.R.R.I. Bulletin No. 1, Rushlau and Jorgensen (1966) concluded that there appear to be three sources of influence in initial interactions that a counselor has available to him. These are ascribed status, a pleasant empathic and supportive manner, and the flexibility to be sensitive to his client's communications. The authors also concluded that if the counselor is to wield influence it is helpful if the client has a

moderate level of relevant anxiety, a need to enhance his self-esteem, a strong need to reduce ambiguity, and an attraction toward his counselor based upon perceived similarity of attitudes. This section of the present monograph will review counseling studies which have implications for the influence parameter of the initial phase of vocational rehabilitation counseling.

In a study of the research interview, Lenski and Leggett (1960) concluded that the status and social class of interviewers has an influence upon clients interviewed. They found that higher status interviewers had the tendency to evoke a deferent response in their lower class interviewees. The authors felt that the deference norm must be taken into account if research interview results are to be interpreted accurately. If the results of research interviews are influenced by the deference norm, then it is possible that counseling is also affected by client-counselor status discrepancy and client deference.

Brager (1967) noted that influence accrues not only to those persons with actual or potential status but also to those who can give the appearance of such status. He also felt that a person's perceived knowledgeability is as much a source of influence as the actual possession of knowledge. It would appear that the counselor can depend to a degree upon perceived status and knowledgeability to influence his clients in initial counseling interactions. However, as French and Raven (1959) have cautioned, power and influence used by a person which extends beyond that person's actual range of influence tends to reduce the person's opportunities for further influence.

A review of literature shows that clients prefer counselors who are not client-centered or nondirective in their approach to counseling according to Patterson (1958). He concluded that this has implications for the counselors and counseling methodology, but it does not mean abandoning all counseling in which the client must take responsibility for himself. In initial interviews, it may be wise for the counselor to take a more directive or clinical approach. This is based in part upon the results of a study by Krueger (1965) who found that there were more counselee drop-outs where the counselor used a client-centered approach than there were where the counselor used a clinical or directive approach. It is possible that the ambiguity in the situation was too great for the clients where the client-centered approach was used. In other words, in initial interviews the anxiety generated by the ambiguity inherent in the client-centered approach had the effect of terminating the dyadic counseling relationship. However,

Parker's (1954) research suggested that behavior is not affected by the stress of an ambiguous or anxiety provoking situation unless it is ego-relevant.

Siegmán and Pope (1965) in an experimental analogue study of the initial interview, investigated the effects of explicit and unambiguous interviewer remarks and definite topical focus on the subsequent verbal behavior of the interviewee. The authors found that interviewer remarks which tended to be ambiguous and low in specificity were associated with caution and hesitation on the part of the interviewee. It appears that clients prefer more active, competent appearing counselors in initial interviews. One possible reason that clients prefer active counselors is to reduce the ambiguity and uncertainty associated with the strange and demanding situation of entering into counseling. State agency rehabilitation supervisors also prefer more counselor activity than do educators of counselor trainees (Muthard & Miller, 1966). The preference of state agency supervisors is probably based upon their experience that the counselor must be relatively active and explicit in his initial counseling remarks in order to keep anxious clients interested in rehabilitation.

Waskow (1963) hypothesized that the degree of counselor acceptance, interest, nonjudgmentalness, and expressiveness, would be directly related to the degree with which the client, early in counseling, would both discuss and express his feelings. Contrary to her hypothesis, Waskow found that counselor judgmentalness rather than nonjudgmentalness, was positively related to the client's discussion of feelings in initial interviews. A possible conclusion related to the above cited studies is that the counselor in being judgmental is reducing the ambiguity in the situation for the client. This judgmentalness enables the client to interpret the counselor's behavior and thus reduce the anxiety of an otherwise ambiguous situation. From the above studies, it might be concluded that the reduction of ambiguity affords the counselor the opportunity to wield influence.

The interrelationships between the attraction and influence parameters in the initial phase of the counseling relationship is demonstrated in the work of the conditioning theorists. In an analogue study of the counseling situation, Sapolsky (1960) studied the conditions under which an experimenter would be able to reinforce a subject to acquire a response based upon reinforcement of that response by having the experimenter say "uh-huh." He found that the reinforcing value of the "uh-huh" response by the experimenter was clearly contingent upon the "relationship" between the experimenter and the subject. If their relationship was incompatible,

then there was no response acquisition by the subject. However, if their relationship was compatible then the “uh-huh” response was reinforcing and there was response acquisition. The findings seem to highlight the critical nature of the attraction parameter for the operation of the influence parameter. It would appear that there must be some attraction between the counselor and client before any response acquisition or influence can be brought about in the dyad.

Interaction — As McGrath (1963) and Rushlau and Jorgensen (1966) have indicated, it is almost impossible for an investigator to pursue the study of variables in any one of the parameters of attraction, influence or interaction without consideration of the concomitant effects of variables in the other parameters. Thus, when one speaks of attraction in the dyadic relationship, he tacitly assumes that some interaction will or has taken place between the cocommunicators and that the flow of influence across this relationship is dependent upon such interaction. Hence, interaction is necessary for the operation of the parameters of attraction and influence in the dyad.

The ethical issue of manipulating human beings in a way that might be detrimental to them proscribes much of the manipulation of interaction in psychological experiments. Therefore it is rare that interaction as an independent variable has been manipulated in counseling experiments with the exception of the analogue studies of initial counseling interviews. As a result, most studies have dealt with the attraction and influence aspects of an interpersonal event as antecedent conditions while interaction has been considered a consequence of these manipulated variables.

A person may seek help from an agency to fulfill his perceived needs. The particular social agency will probably be chosen because the person believes such an agency can supply services of material aid, situational change, counseling, physical and/or psychological restoration or any combination of these. For example, a person probably enters into vocational rehabilitation with the belief that there will be a positive influence in his life by interacting with the personnel and counselors in it. Through this endowing of influence upon the counselor and agency, the client also ascribes to them a certain associated status. However, status, *per se*, may or may not be sufficient inducement for initial client interaction with the rehabilitation counselor. Rushlau and Jorgensen (1966) concluded that the counselor must be perceptive and flexible enough to make himself, the situation, and the goals of rehabilitation attractive to the client. If this

can be done, then the counselor may be able to exert some constructive influence in the client's life-space. To do this the client and his counselor must interact in order to communicate their thoughts and feelings.

Communication may be defined as the transmission of thoughts and feelings through both verbal and nonverbal interactions. Because words, themselves, are often vague and can lead to more than one interpretation, it is imperative for the counselor and his client to clarify and qualify what they say to each other. Obermann (1960) feels that there are inherent limitations in the use of language for communications. For instance, language may fail because the client lacks the necessary terms to understand a concept that the counselor is trying to put across. In such instances, the language of the counselor may be too technical and specialized for the client to have an adequate understanding of its meaning. Especially in initial interviews, counselors need to avoid the use of jargon which is easily understood by other counselors but rarely understood by the client.

Probably the most frustrating feeling in any interpersonal relationship, including counseling, is for the counselor to say that he understands what the client is trying to communicate to him when in reality the client knows that he has been misunderstood and realizes that this misunderstanding has not been acknowledged by the counselor (Laing, Phillipson, & Lee, 1966). The client's feeling of being misunderstood by his counselor becomes critical when his self concept system is taken into account. Truax (1966) suggested that the self concept system permeates all aspects of a person's daily living, and as such, affects his ability not only to communicate but also to correctly understand verbal and nonverbal messages. For example, if the client's self-esteem is low then there is a greater chance for distortion of meaning. Further, his low self-esteem will probably limit his interactive volume which will proscribe his chances to clarify his communications.

A similar conclusion was made by both Gordon (1955) and Obermann (1960) when they suggested that increased opportunities for face-to-face interaction and increased volume of interchange tends to minimize the chance for distorted communications and to clarify both cognitions and feelings of the cocommunicators. Obermann suggested that the experienced counselor knows that the feeling tone underlying words can be more important than the words themselves. However, in initial interviews the impact of the words themselves are important in establishing this feeling tone of the relationship.

Since the crucial member of the rehabilitation counseling dyad is the client, the counselor should be sensitive to the fact that client interactive

behavior is determined to a certain degree by client needs and preferences. Grater (1964) studied the preferences of counselees compared with their subsequent first-interview behavior and found that those clients who preferred affective counselor characteristics spent significantly more time in first interviews discussing personal and social problems than did those clients who preferred cognitive counselor characteristics.

As was true of the attraction and influence parameters, counselor attitudes also affect his interactions. As early as 1939 Lewin, Lippitt, and White found that work output was of a better quality and morale was higher in groups that interacted in a democratic rather than authoritarian manner. It will be recalled that research results have been reviewed which indicate that clients prefer and interact to a greater degree with counselors who are directive rather than nondirective or client-centered in their interactions in initial interviews. This directiveness does not necessarily mean that the counselor is an authoritarian person, but rather it probably means that he communicates his feelings in an unambiguous manner. The studies reviewed also imply that clients will interact with counselors who are sensitive to their needs, especially the need to enhance or protect their level of self-esteem. From the foregoing it might be assumed that the interaction parameter has central importance for the initial phase of the rehabilitation counseling process.

Maintenance Phase

The burden of responsibility for both the establishment and the maintenance of a counseling relationship in the vocational rehabilitation process is the counselor's. This does not mean that the client is a passive piece of clay to be molded by the counselor, but rather it suggests that the counselor should be aware of his impact upon clients through interpersonal relationships. This awareness requires that the counselor be conscious of the effects of attraction, influence, and interaction for the maintenance of effective communication to promote constructive change in the client.

Attraction — As was stated in the previous section on the initial phase of counseling, personality characteristics of both members of the dyad enter into the determination of mutual attraction. Hence, if the counselor wishes to have continued influence in the dyad, he probably should be cognizant of those specific counselor behaviors which contribute to the maintenance of attraction.

Clifton (1954) stated that the relationship between counselor characteristics and the counselor's ability to establish and maintain positive rapport

with clients is amenable to empirical research. He concluded that counselors who have the best rapport with their counselees possess characteristics that can be identified and that there is a need for further systematic research to identify these characteristics. He felt such research would improve counseling programs.

Similarly, McElwain (1960) postulated that certain common principles seem to underly therapeutic practice irrespective of the area of counseling. Among these McElwain stated that respect for and emphasis upon personal responsibility; emphasis upon face-to-face interpersonal relationships; recognition of individual differences; and awareness of the importance of sympathy, human understanding, and love are vitally important for therapeutic movement. These principles are similar to those of Rogers (1961) which were discussed in the initial phase of the client-counselor interaction.

Demos (1964) reported a positive relationship between counselor competence and the degree of empathy, unconditional positive regard, and respect exhibited in his sample interviews. Demos used a multiple criteria to select the ten most and ten least successful counselors of a group of thirty experienced counselors who were attending a counseling and guidance institute. There was also considerable agreement between the ratings by the training institute supervisors and the research judges as to the competence of the twenty counselors. The final tape recorded interviews of these counselors, conducting short term vocational-educational counseling with "normal" secondary-school clients, were secured and rated on five hypothesized characteristics of therapeutic relationships. Significant differences were found to exist between the most successful and the least successful counselors on the characteristics of degree of empathy, unconditional positive regard, and respect displayed by the counselor in sample interviews. It might be suggested that counselors should exhibit certain behaviors and possess certain attitudes if attraction and consequently an effective counseling relationship are to be maintained.

It is interesting to note that in a study by McNair, Lorr, and Callahan (1963) the best measure for determining continuance in or termination of therapy was the therapists' ratings of patient motivation. It might be postulated that a rating of client motivation is based upon the counselor's attraction toward a client as an object worthy of interaction. The client probably perceives this attraction and subsequently remains in therapy.

The client's perception of his counselor's congruence, empathy, and unconditional level of regard was obtained by a relationship inventory by

Gross and DeRidder (1966). The authors also measured the amount of movement in counseling by applying an experiencing scale to taped excerpts from the second and next to last counseling interviews. They found that clients whose experiencing scale ratings were high early in counseling manifested significantly more movement than those with lower ratings. However, more important for the present review is the fact that perceived congruence, empathy, and unconditional regard correlated significantly with counseling movement. This is similar to the conclusions of Barret-Lennard (1962) and Truax (1966) who individually found that the client's perception of his counselor's response was related to therapeutic change.

Zytowski (1966) also attempted to determine the congruence between client perception of counselor effectiveness and attainment of client-defined counseling goals. The sample was drawn from a population of college students expressing the desire for counseling to improve their study habits. The students were randomly assigned to four treatment groups: two experimental counseling, one placebo counseling, and one inactive control. The dependent variable in this study was effective study behavior. A negative correlation was obtained between client perception of the effective counselor and attainment of counseling outcomes. It would seem to appear that the client's perception of his counselor's effectiveness is not as important as his perception that the counselor is a warm and empathic person.

Influence — Counseling theorists have long been concerned with the problem of whether or not the counselor actually influences the client. Previously cited research demonstrates that the counselor does in fact influence the client and has an impact upon his value system (Williamson, 1962). In this regard, Pentony concluded that “. . . one outcome of psychotherapy is a tendency for the client to express his values in terms corresponding more closely to those of his therapist than was the case prior to therapy” (Pentony, 1966, p. 45). A similar conclusion was made by Rosenthal (1955) who stated that improvement in client-therapist agreement on treatment issues was related to the client's movement towards the therapist's ideals. Strupp (1959) concluded that the personality, attitudes, and values of the counselor persistently and significantly influence the direction and quality of the counselor's therapeutic operations.

Strong (1964) reviewed studies of operant conditioning and concluded that verbal behavior is amenable to systematic manipulation and can be considered a function of reinforcement contingencies. Ryan and Krumboltz

(1964) studied the effect of planned reinforcement on clients' decision-making behavior and found that the frequency with which clients make decision and deliberation responses increases with selective counselor reinforcement of these responses. They also found that clients tended to generalize decision-making behavior into noncounseling interpersonal relationships.

In a similar study, Krumboltz and Thoreson (1964) attempted to increase the frequency of information-seeking behavior of eleventh graders by reinforcing information-seeking statements in individual and group counseling sessions. The authors found that subjects who had been reinforced for engaging in information-seeking activities engaged in more of this type of behavior after counseling. They also found that male subjects who were exposed to a male model sought information to a slightly greater degree than when they were exposed to an opposite-sexed model. This points to the crucial relationship between the sex of both counselor and client in a counseling situation, especially if modeling is an important aspect of the counseling situation.

Aiken and Parker (1965) attempted to condition subjects to give positive self evaluations in partially structured diagnostic interview situations. The experimental subjects were rewarded for positive and punished for negative self evaluations; whereas, control subjects received no feedback. The authors found that experimental subjects were significantly higher than were the controls in the proportion of positive self descriptions during the interview. From a postinterview measurement of generalization, clients were found to extend their positive self evaluations into other life areas.

Stotland (1966) examined the differential effect of failure experiences as they influence self evaluations. The persons' failure experiences were studied under three different conditions: (a) when the performance was known by another who was an expert, (b) when the performance was known by another who was not an expert, and (c) when the performance was not known by another. It was concluded that public awareness of failure, especially by an expert, generated lower self evaluation in areas related to the failure than lack of such awareness. The importance of this and the preceding study for the rehabilitation counseling process is that if a counselor insists on reinforcing failure experiences, the client will tend to depreciate his own importance and/or to diminish his rehabilitation goals.

It is important to note that problems do not always arise strictly within the disabled person's personality structure. Hence, there are not only phenomenological factors in the situation which are important, but there are also reality factors which cannot be denied (Kerr, 1966). For example, the client may come from a socially deprived environment, and as such it may become important to restructure the client's environment rather than, or in addition to, doing counseling with him.

The family is one external influence in the life-space of the client which should not be ignored (McPhee, Griffiths, & Magleby, 1963). Mann (1951) stated that the family is the emotional laboratory in which the individual obtains a sense of self-worth as well as a sense of his relatedness to others. Since the family is usually the major reference group to wield influence in the client's life, his attitude toward rehabilitation will, to a large degree, reflect the permanent value system of his family. This might indicate that should the vocational rehabilitation counselor desire to change a client's attitude, he should include those family members who have a significant emotional relationship with the client. Fullmer and Bernard (1964) underscore this thinking when they state that the family unit is the locus of counselee adjustment.

The interrelatedness of the interaction and influence parameters may be seen in the work of the communication and operant conditioning theorists who believe that verbal messages can be reinforced or extinguished in order to change client behavior. Ruesch (1962) postulated that when a disturbed patient is introduced into a communication network of a hospital ward situation, the therapist and other persons exert a regulatory influence. The participants in the network amplify or reduce quantitatively deviant messages of the patient, alter the timing, rearrange the sequence, and influence the rhythm of the exchange. By this method, the meaning of his communications are clarified for the patient and interpretative devices are mastered by him.

In studying the effect of communication on the influence parameter, Matarazzo, Saslow, Wiens, Weitman, and Allen (1964) studied the effects of interviewers' activities, specifically that of head nodding and emitting "uh-huh," upon the duration of client speech during interviews. They found that under conditions of head nodding or emitting a generalized "uh-huh," the experimental group of clients' duration of speech units increased over the control group where these reinforcements were withheld. The authors concluded that where counselors were more active, either verbally or through gesture, clients experienced greater satisfaction and

increased their duration of speech. It should be remembered from the previously cited work of Sapolsky (1960) that if the relationship between the experimenter and subject is incompatible, there is little reinforcement value in the "uh-huh" response. These findings highlight the critical nature of the counseling relationship and the attraction parameter for the operation of counselor influence.

The crucial aspect of attraction for the influence parameter is further clarified in the works of Cook (1966) and Pepinsky and Karst (1964). Cook found that client-counselor dyads which were medium in terms of value system similarity positively changed more than either high or low similarity dyads. The important implication here is that either highly similar value systems or highly divergent value systems may interrupt the course of counseling. Pepinsky and Karst maintained that the client shifts his values toward the norms and standards that have been made available to him by his therapist, and therefore, therapeutic influence is a dependent event of "convergence." In this respect convergence has been defined as a lessening of discrepancy in judgments made by dyads or larger groupings. Pepinsky and Karst stated that research on ". . . therapeutic convergence may help make clear in what ways therapy, as a social event, may differ from other dyadic relationships in everyday life" (Pepinsky & Karst, 1964, p. 337). Thus, it becomes clear that the values and norms that a therapist has and makes available to his clients has an affect upon the process of counseling.

Interaction — In their review of the literature on interpersonal relationships for the first bulletin of this R.R.R.I. Series, Rushlau and Jorgensen (1966) concluded that factors which are important for the maintenance of dyadic interaction are similar to those which make it possible to initiate interaction. They also concluded that there are at least two variables over which the counselor is able to exercise a degree of control. The first of these variables is the client's perception of a similarity of attitude with his counselor concerning important and relevant issues. In order to facilitate this perception of similarity, the counselor should seek out areas of agreement with his client and develop these as a basis for continued interaction.

The second variable over which the counselor has a degree of control is his capability of manipulating the degree of predictability or ambiguity in the interpersonal situation. If the counselor is to manipulate an interpersonal event, it is important that he knows exactly what he is doing and

what effect the client's behavior has on the counselor. For example, the counselor needs to know that ambiguous situations generate anxiety. By structuring the interaction in an interpersonal event, the counselor not only provides the opportunity for reduction of client anxiety, but also enhances his reinforcing capabilities. On the other hand, in a study to test whether client behavior has an effect upon counselor behavior, Russell and Snyder (1963) found that hostile client behavior led to significantly greater anxiety on the part of the counselor than did friendly client behavior.

Parenthetically, Beier (1966) suggests a means of effectively controlling the counselor's reactive anxiety. To deal with this anxiety, first the counselor must determine what kind of counselor response the client expects when the client behaves in a manner which evokes anxiety in the counselor. Beier then stated that if the therapist or counselor is to reinforce responses in a therapeutic manner, he must disengage from the affective or emotional context of the client's remarks. To disengage, the counselor must be cognizant that a client communication sets an emotional tone for an expected counselor response. After the counselor is aware of the implications of this affective tone of the client's communication, he can then disengage by not responding in the socially expected manner.

If Beier's paradigm is expected to be efficacious, the counselor must constantly evaluate whether or not he wants to extinguish a particular client's behavior by disengaging or to reinforce that behavior by responding. An example of the use of this paradigm may be seen in the treatment of hostile client behavior. Research results confirm the belief that individuals tend to behave toward others according to the way others behave toward them (Tagiuri, 1956). Thus, the expected counselor response to hostile client behavior would be counselor hostility. If the counselor does not want to reinforce hostile behavior then he must disengage. Thus, he does not become trapped into combatting hostile client behavior with aggressive behavior of his own, simply because he feels anxious.

During the maintenance phase a major goal of counseling is the clarification of client interactions both in and outside of the counseling interview. This implies that the counselor should help the client recognize what the meaning of his interactions connote and decide what subsequent action he will take. Specifically, it becomes the task of the rehabilitation counselor to enable the client to achieve some satisfactory degree of congruence between his verbal messages and emotional behavior so that

he might realize his vocational goals. Since all messages in interpersonal interactions may have both conscious and unconscious elements, the clarification and achievement of congruence in these messages is complicated. As in the example of the hostile client discussed above, the client may not recognize that his hostile behavior may be an attempt to conceal his feelings of helplessness and vulnerability. Therefore, these feelings are probably alien to his cognitive self-attitudes.

As was implied above, many individuals are not aware of conflicts between their thoughts and feelings. This unawareness was illuminated in the work of Wall (1966) who conditioned subjects by presenting nonsense syllables while at the same time giving them a mild electrical shock. He then assured the subjects that there would be no more shock. When the nonsense syllables were again presented at speeds too rapid for accurate identification, half of these nonsense syllables continued to elicit a galvanic skin response. However, when the stimuli were presented at speeds which permitted recognition, the emotional response rapidly extinguished and could no longer be elicited when the stimuli were again presented too rapidly for accurate identification. It might be suggested that many of the conflicts that a client experiences are not at a conscious level which permits recognition, and that counseling is partly a process of bringing relevant unconscious conflicts into client awareness. If this is a correct assumption, it is possible that Beier's (1966) model of psychotherapy, which stresses verbalization of nonverbal feelings, has merit for vocational rehabilitation counselors. A similar proposal was made by Wigell and Ohlsen (1962) when they stated that it is as important for the counselor to consider nonverbal as well as verbal aspects of client communications. In fact, they felt that significant interactions are missed without a record of nonverbal as well as verbal behavior.

Since the counselor may, to some degree, determine dyadic interaction, the question arises as to whether counselor response is predicated upon a theoretical orientation or based upon the situation in which he is involved. Wrenn (1960) studied interviews of experienced counselors with different theoretical orientations. He concluded that theoretical orientation has less influence in determining the manner in which experienced counselors respond than do situational variables.

The fact that situational cues may be more important than theoretical orientation is further pointed out in the study of client stimulus upon interviewer behavior by Heller, Myers, and Kline (1963). They found

that dominant client behavior evoked dependent interviewer behavior, dependent client behavior evoked dominant interviewer behavior, hostile client behavior evoked hostile interviewer behavior, and friendly client behavior evoked friendly interviewer behavior. It is important to note that the hostility generated by the client evoked hostile interviewer behavior which was similar to the finding of Russell and Snyder (1963) cited previously. The evidence that client behavior tends to determine the kind and amount of interaction in the interview is further supported by the study of Gendlin, Jenney, and Shlien (1960). The authors found that counselor ratings of both the process and outcome of client-centered therapy were dependent upon client verbalization of feelings and spontaneous communication with his counselor. The communication of client feeling tone led to higher movement ratings by the counselor.

An individual's interaction pattern is both susceptible to planned changes within a single interview and also remarkably stable or invariant from one interview to another during the same day, according to Matarazzo, Saslow, and Guze (1956). In an extension of the 1956 investigation, Saslow, Matarazzo, Phillips, and Matarazzo (1957) found that interaction patterns are remarkably stable over a seven-day interval and also that interaction patterns can be predictably modified by planned changes in the interviewer's behavior. In two other studies (Matarazzo, Saslow, Wiens, Weitman, & Allen, 1964; Matarazzo, Wiens, Saslow, Allen, & Weitman, 1964) this group of investigators found that head nodding and emitting "uh-huh" by the interviewer lead to longer client speech duration. These studies demonstrate that interaction may be modified and is subject to the reinforcement contingencies of the counselor in a planned and predictable way. Such studies also imply that since interaction between people is fairly stable, the interviewer has the advantage of knowing that even though he might miss some client cues, these same cues or problems will be brought up again by his client. Nevertheless, if the counselor is insensitive to verbal and nonverbal communications in his dyadic interactions, this knowledge is of little practical value.

From the studies reviewed in this section, it might be postulated that counselor activity is more crucial than is his theoretical orientation. Whether the rehabilitation counselor considers his approach to be non-directive or directive is not nearly as important as is his reinforcement of client verbalizations and behaviors in the maintenance phase of counseling interaction.

Outcomes

The successful completion or eventual outcome of the vocational rehabilitation counseling process is usually the placement of the handicapped individual in remunerative employment. This does not mean that the counselor terminates the client without a follow-up of the job placement to determine its adequacy for the client. On the contrary, good vocational rehabilitation counseling practice demands an adequate follow-up procedure to insure that the job is suitable for the individual client. Job placement does not preclude the possibility of reopening a case, especially where a client's disability is of a progressive nature (Magleby & McPhee, 1963).

Since the present monograph has focused upon counseling aspects of the vocational rehabilitation process, the outcomes discussed in this section will be delimited to those of counseling. Research on counseling outcomes has not conclusively demonstrated that any particular group of techniques or "school of counseling" achieves better results than does its contemporaries. For example, in a follow-up study of students who had come to a university counseling service, Grigg and Goodstein (1957) found no clear relationship between counselor techniques and successful outcomes. However, from questionnaire data they reported that client satisfaction with the counseling experience tended to be associated with answers indicating client comfort and active counselor participation rather than passive listening during counseling. The conditions which fostered client comfort may have been related to the same counselor variables stressed by Rogers, those of warmth, empathy, and unconditional acceptance.

According to Snyder (1958) there is no conclusive evidence that formal psychotherapy improves a patient's chances of recovery beyond what they would have been without that therapy. Nevertheless, as a result of studying client-worker interviews, Raimy (1948) concluded that successful counseling involved essentially a change in the client's self concept. Raimy's findings are corroborated by the thinking of Rogers when he stated that:

The characteristic person who enters therapy has a picture of himself which is far removed from — or even negatively correlated with — the concept of the person he would like to be. This seems to indicate a considerable degree of inner distress or tension. . . . During the process of therapy sufficient change occurs so that at the conclusion of therapy, and at the follow-up point, there is a significantly greater congruence of self and ideal. . . . In other words, the client has come to be — in his own eyes — a person who is much more similar to the person he would like to be. This change is especially marked in those clients rated as showing considerable therapeutic movement. . . . During the follow-up period there may be some falling-away from this achievement, some small degree of regression in the direction of the previous state (Rogers, 1954, pp. 416–417).

Rogers' theoretical position has been studied by many investigators in the field of counseling. Among them, Cartwright (1957) studied the self consistency of subjects before and after psychotherapy to see if psychotherapy had any effect on self-consistency. By using the Butler and Haigh (1954) one-hundred item Q-sort, she verified her hypothesis that therapy subjects would show higher consistency after, rather than before, therapy. She also found that prior to therapy her experimental subjects were less self-consistent than was her control group who had not presented themselves for therapy; but at the completion of therapy, there were no such appreciable differences. She also confirmed her hypothesis that subjects judged to be successful cases would increase in self-consistency more than subjects judged to be failures.

The study on the effects of psychotherapy on self-consistency was replicated and extended by Cartwright (1961). When she compared samples of motivated and nonmotivated psychoneurotic subjects, the findings of her first study were reconfirmed.

A similar finding was that of Todd and Ewing (1961) who did a content analysis of material obtained from clients before and after counseling. The authors found a significant increase in positive self-references for clients who completed counseling as compared to those clients who did not complete counseling.

Ashcraft and Fitts (1964) attempted to demonstrate that psychotherapy produces predictable changes in individuals and that these changes can be more accurately predicted on an individual than on a group basis. They gave both experimental and control groups the Tennessee Self Concept Scale, and concluded that data supported their hypothesis. Subjects who received psychotherapy reported more positive and consistent self concepts. Their self concepts also indicated less evidence of deviation and pathology than did the control group subjects who received no therapy. The individual predictions were highly significant on the whole as were the group predictions. Thus, it appears that psychotherapy or counseling has an effect on client self concept.

V

SUMMARY AND IMPLICATIONS

This monograph has been concerned with interpersonal relationships in rehabilitation counseling with the implication that a *good* counseling contact may have essentially the same elements as any *good* interpersonal relationship. An attempt was made to elucidate the elements common to both situations and specify how these elements may be dynamically interrelated.

In the present monograph, each member of the counseling dyad was considered as an individual possessing a unique life-space or personality make-up that he brings into the counseling situation. This unique structure, based upon social learnings and developmental experiences, partially determines his expectations of how and why people behave as they do.

When the monadic life-spaces of the counselor and his client interact in the dynamic relationship of counseling, a new set of variables is created which is specific to that dyadic event. In the present monograph, the dynamics of an interpersonal event were described using McGrath's (1963) parameters of attraction, influence, and interaction. Likewise, the counseling process was divided into three general phases: (a) an initial phase composed of the first contacts between client and counselor; (b) a maintenance phase, during which many of the activities of counseling in the rehabilitation setting take place; and, (c) an outcome phase, focused upon successful rehabilitation counseling.

The Initial Phase

In the initial phase of counseling, the attraction parameter was described as subsuming counseling concepts such as empathy, warmth, genuineness, congruency, and unconditional positive regard. Research findings emphasize the importance of the counselor being a warm empathic

person in order for counseling rapport to become established and client progress to take place. This implies that there is an absence of counselor cynicism, a respect for human dignity, and a counselor focus on the uniqueness of the client. Under the influence parameter, the review suggests that the counselor should be supportive in manner and attempt to be active in early interviews. This does not mean that he directs the interview for his own needs but that he reinforces those client behaviors which permit a reduction of client anxiety. Ascribed status may also be an important contributor to the influence of the counselor. However, research also suggests that high counselor status or high client-counselor status discrepancy may interrupt the counseling process by evoking a deferential response on the part of the client.

Since the separation of the research into three parameters was arbitrary, many studies could be discussed under more than one heading. Thus, there are studies which stress the interrelationship between parameters. The interrelationship between the attraction and influence parameters in the initial phase was vividly demonstrated in the work of the conditioning theorists and therapists. They found that people could be conditioned to respond in a specified way with the minimal reinforcement of the therapist's response of "uh-huh." However, the reinforcing value of this response was dependent upon an attraction or a *relationship* having been established between cocommunicators prior to client response acquisition. It should also be noted that relatively little influence or attraction occurs without face-to-face interaction and communication.

The Maintenance Phase

During the maintenance phase of the counseling process, many of the same variables that are important in the initial phase continue to be vitally important if counseling is to continue. In the attraction parameter personality characteristics of both the client and the counselor become more important because cocommunicators have more time to examine each other's verbal and nonverbal behavior. The counselor should maintain his respect for the client as well as his expectation that client functioning will improve. Equally important, the client must perceive or recognize the counselor's respect, empathy, and unconditional level of regard; as well as a similarity in shared attitudes. This similarity in attitudes is probably the basis for client-counselor congruency.

Contrary to the frequently stated opinion that counselors should and do not consciously influence client behavior, research would seem to

indicate that this assumption is not tenable. Clients are influenced by counselors, and consequently those counselors who are consciously aware of how they are influencing the client probably have a better opportunity to affect the outcome of therapy in a beneficial way.

There are subtle influential factors which the counselor must be aware of, such as the counselor's attitudes and values. There is evidence that during the course of the maintenance phase of counseling, the values of the client shift toward those of the therapist. Nevertheless, neither high similarity or low similarity of values in counselor-client dyads seem to be particularly efficacious for therapy. Rather, client-counselor dyads which are medium in terms of value system similarity change more positively than either the high or low similarity dyads.

The importance of the interaction parameter in the maintenance phase of counseling is that face-to-face interaction tends to clarify many verbal and nonverbal communications of the cocommunicators. Increased opportunities for interaction make it possible for the counselor to be more adept at perceiving exactly what the client is attempting to achieve by his communications. It also affords the counselor the opportunity to examine the defenses that the client has constructed to deal with reality. By using his relationship, or attraction, and also by setting up influential reinforcement contingencies, the counselor is able to interrupt distorted communications and maladaptive behavior in order to affect a more functional adjustment for the client. Beier's (1966) model of communication therapy was cited as having importance for the control of the interaction during the maintenance phase of counseling.

The Outcome Phase

The outcome of vocational rehabilitation services is the successful placement of the client in remunerative work. Hence, the goal of counseling should be to enhance the capabilities of the client to utilize his skills toward that outcome. In this monograph the outcome section focused upon the outcomes of counseling rather than the outcomes of rehabilitation. Research was cited which implies that the outcome of counseling is not necessarily related to the counselor's theoretical orientation. However, recent research has shown that counseling and psychotherapy do produce predictable changes in a person's self concept system, and discrepancy between client goals and self-esteem seems to be an important index of change. Specifically, client goals and self-esteem tend to become more congruent with therapeutic intervention.

Major Implications for Rehabilitation Counseling

The text of this monograph contains numerous implications for the rehabilitation counseling process. The basis for these implications stems from research findings and suggestions outlined in the first monograph published by the Regional Rehabilitation Research Institute entitled *Interpersonal Relationships: A Review* (Rushlau & Jorgensen, 1966). Although these major implications may well apply to all interpersonal encounters, reference is made specifically for rehabilitation counseling.

Agency and Counselor Positiveness — Because the rehabilitation client is in a dependent position when he approaches a vocational rehabilitation agency, it is important that his first contact with the agency be positive. This places a certain burden of responsibility upon not only the counselor, but other agency personnel, to be warm and supportive of the client's efforts toward rehabilitation. A genuine respect for the client should be displayed in terms of behaviors as well as verbalizations. Aloofness, tardiness for interviews, insincerity and unwarranted interruptions should be avoided.

Phenomenological and Reality Factors — Whether he is considered a psychological counselor or a coordinator of services, the responsibility for the rehabilitation process is primarily the vocational rehabilitation counselor's. As such, he must be aware of both the phenomenological and reality factors that have importance for the client. To be aware of these factors, there must be sufficient communication and interpersonal contact for the counselor to learn the client's life-cycle. He must also learn what reality factors confront a client. Consequently, he should assess the impact of the client's social class, economic position, geographic location, family constellation, and disabling condition. It is only when the counselor is aware of these factors that he realizes that subtle changes in one factor can be used to predict changes in others. With this knowledge, he may intervene and use himself as a positive reinforcer in the counseling process.

Counselor Expectation — To be a positive reinforcer he should have the expectation that the client is a worthy person. This counselor expectancy that a client has the potential for improved functioning seems to be an important determinant of counselor evaluations and client progress. In other words, the counselor must not devalue clients but must be warm and receptive toward them. Within this dynamic matrix of counselor acceptance and expectation for the client, the counselor should capitalize

upon attitude similarities that he may have with his clients as a basis for initiating and maintaining counseling relationships.

Counselor Value System — To be influential, a counselor also has to be open to the forces of influence himself. In other words, first, he must possess the flexibility which allows him to operate as an influential person. He must be aware of his own self concept, his values, and how he is attempting to influence his clients. He must recognize his biases and prejudices which tend to isolate him within his own social milieu and subculture. Through such recognition the counselor may reduce the possibility of devaluating his client by expecting him to behave like all other clients from a certain cultural milieu. Second, the fact that the counselor does have a tremendous effect upon the value systems of his clients would indicate that he needs to recognize what values he is making available to the client. This knowledge will partially determine his degree of counseling expertness. Since counselors are also human beings, their feelings are susceptible to change and modification as are the feelings of their clients. Therefore, as counselors gain more experience, their subjectivity diminishes and their expertise in helping relationships increases.

Family Influence — Since strong family ties and family solidarity are also influential in the effective rehabilitation of the handicapped, it becomes important that the counselor work, not only with the client but also with significant family members. The family members afford the client emotional support and positive feelings of self-worth that increase the possibility for the client to be rehabilitated. There is some support for the idea that it is a formidable task to take the handicapped client out of his family structure and disrupt these family ties merely to retrain the vocational rehabilitation client. In remote rural areas, this poses an extremely complex problem which needs further investigation.

Geographic Location — An often avoided but related problem is that of the geographic location of the disabled client. For example, the rural client may not have the opportunities for rehabilitation that are afforded the urban client. It may also be true that if the rural client does have these opportunities for training and counseling, he may never have the opportunity for work if he chooses to stay with his family and friends in a rural community. This becomes an important motivational factor in the rural client's considering vocational rehabilitation counseling services.

Counselor Initiative — Many studies have pointed out that, contrary to the postulations of some counseling theorists, the counselor should be

active in initial interviews. This activity does not imply that the counselor has to lead the client because of his own needs, but rather, he should take the initiative to reinforce those client behaviors which are positive steps toward rehabilitation. This counselor activity probably tends to reduce the ambiguity and uncertainty in the initial counseling situation which puts the client more at ease, makes it easier for him to talk, and more willing to return for further services.

Counselor Reinforcement — The counselor as a reinforcer must be aware that the client seeks a receptive and attractive relationship with him. However, if the client's behaviors are directed solely toward gaining counselor approval, the interviews will probably be a failure rather than a success. The important implication of this attractive relationship is seen in the work of the conditioning theorists where desired conditioning did not take place unless a positive relationship had been established between the counselor and the client. Thus, the counselor should be aware that he is influencing the client and should be influencing those behaviors that are within the realm of client goals.

Face-to-face Interaction — Probably one of the most important aspects of the counseling relationship is the opportunities that the client and counselor have to interact with each other. This interaction should be the basis for testing out the client's ability to interact in other situations. In fact, it is a situation that the client might use as a model for other interaction situations such as with his family members, and just as importantly, with his employer. Without this face-to-face interaction, attitude and perceptual distortions of both client and counselor may occur which may disrupt the counseling process.

One of the most frustrating feelings in any interpersonal relationship is where one person says that he understands, when in reality, the other person knows that he has been misunderstood and realizes that this misunderstanding has not been acknowledged. The counselor must be extremely cautious that he does not interpret either realities or feelings to his client before he is sure that these are the client's real feelings and appropriate realities. However, increased opportunities for face-to-face interaction and increased volume of interchange may minimize the possibility of distorted communication and misunderstandings.

Conclusions — Thus, a counselor's knowledge and experience in how human beings communicate increases his enabling powers to help his client. Words are important. However, since words at best can often be inade-

quate, the feeling tone used to convey the words is equally important. When a counselor can operate within a warm understanding atmosphere, receptive to all of the factors which may impinge upon the client, recognizing the uniqueness of the client as a person worthy of services, and with the expectancy that the client will strive toward his growth and potential, it then appears that the counselor has the possibility of being one of the most effective influences in the life-space of his client.

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APPENDIX

UTAH STUDIES IN VOCATIONAL REHABILITATION

1. Interpersonal Relationships: A Review
2. Interpersonal Relationships in Rehabilitation Counseling: A Literature Review

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